

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041142

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Filed OCT 2 6 1962

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH

a. COUNTY

Saint Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Clayton

Length of stay in 1b

9 Days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

County Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Saint Louis

c. CITY  
OR  
TOWN

Kinloch

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS(If outside, give location)  
8307 WaringReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

ALPHA

Middle

ROBINSON

Last

4. DATE  
OF  
DEATH

Month

Day

Year

Oct. 8, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

10 Apr 1879 83

## 9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Tipton, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Unk.

## 13b. MOTHER'S MAIDEN NAME

Etta Reavis

## 14. NAME OF HUSBAND OR WIFE

James Charles Robinsn

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

## 17. INFORMANT

Address

Lola Johnson 8307 Waring

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Asphyxiation Due Aspiration of Gastric Contents

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Adynamic Illness

DUE TO (c)

Non-specific Septicemia

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (But not related to the terminal  
disease condition given in PART I (a))

Ascites and Bilateral Hydrothorax

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-29-62 to 10-8-62 and last saw her alive on 10-8-62  
Death occurred at 6:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

T. Thomas Levan M.D.

## 22b. ADDRESS

601 S. Brentwood Bl., Clayton, Mo. 10-10-62

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

10/12/62

## 23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cem.

## 23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Boyd Bros. Funeral Home 8257 Booker

## 25. DATE RECD. BY LOCAL REG.

10-11-62

## 26. REGISTRAR'S SIGNATURE

John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 4002

2 4028

3 2

4 3

5 2

6

7 0

8

9 571-1

10

11

12 45-0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Henry C. Williams*

Licensed Embalmer No. 4781

P. O. Address 1205 Walton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.